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ABSTRACT

Professionals concerned with youth advisory services from 10 countries met to exchange appropriate experiences and information on their role, organizations and operations, especially within the framework of other community services. Changes in their roles and objectives received special attention to determine possibilities for prevention and early detection of physical and mental illness. Youth advisory services in all European countries have become an accepted and necessary community service, fitting into the existing network of social services. Mental illness detection and prevention constitute a major endeavor. Broad objectives were agreed upon, but specifics need more precision and reappraisal, as does partnership with other youth services. Local, national and international youth advisory service coordination and collaboration vary greatly in their stages of development. Constraints, especially concerning innovation and finance, are considerable. Research and evaluation are recognized as important. Needs and the activities serving them demand flexibility and continuing reassessment. Youth advisory services can create social change and assist in comprehensive mental health strategy. (Author/LS)

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Objectives of Youth Advisory Services

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Report on a Working Group

London
9–13 May 1977

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
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Note

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This report is also issued in French and Russian.

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1. INTRODUCTION

Young people continue to pose a challenge to those who seek to provide services to meet their needs and aid the development of their full potential. It is not possible to consider the place of young people in society without considering how society affects them and how they, in turn, affect society. Different cultures, even within a particular country, influence the situations in which young people find themselves; they may also affect the physical and mental growth and development of young people and the role which society has allotted to them. Neither young people nor society are static and change is continually taking place, making it difficult for those who plan, organize and provide services for young people to respond to what is going on at any one point in time. There is a continuous pressure on service providers to be aware of new trends among young people and in society in general with a view to adapting to new situations. Politicians, planners and professional health service providers alike have to keep in touch with the fluid and rapidly altering and evolving nature of youth problems to develop appropriate responses and to monitor and evaluate change.

Against this background, the World Health Organization's Regional Office for Europe, in collaboration with the Government of the United Kingdom, convened a Working Group in London from 9 to 13 May 1977, to consider youth advisory services. This meeting was a further stage in the Regional Office's consideration of such services and followed a previous study (*1*) and a working group (*2*).

The meeting was attended by 13 temporary advisers from 10 countries and included public health administrators, psychiatrists, psychologists, sociologists, lawyers, social workers and others concerned with youth advisory services (for list of participants see Annex). Its purpose was to facilitate the exchange of experience and information on the role, organization and operation of youth advisory services, especially within the framework of other community services. Special attention was to be paid to the changing role and objectives of these services to determine the extent to which they offered possibilities for prevention and early detection.

The meeting was opened on behalf of the Regional Director, Dr Leo A. Kaprio, by Dr M. Postiglione, Chief, Disease Prevention and Control. Dr Pamela Mason was elected Chairman. Miss M. Bruce and Dr Mason were appointed Co-rapporteurs. Dr A. Baert, Regional Officer for Mental Health, acted as Secretary.

Mr Eric Deakins, Parliamentary Under-Secretary of State for Health and Social Security, welcomed participants on behalf of the Government of the United Kingdom and in his well received speech reviewed many of the issues which the Working Group would be examining.

2. GENERAL BACKGROUND

Initiatives on youth advisory services form part of the long-term programme in mental health of the WHO Regional Office for Europe (1970–1983). The objectives of this programme include the following:

(1) to assist countries in reducing the prevalence of mental disorder in the community and alleviating its consequences;

(2) to develop and extend the range and quality of services needed to deal with different types and stages of mental illness and psychological, behavioural and emotional disturbance presented in specific population groups;

(3) to remedy defects and inadequacies in the training of mental health staff;

(4) to improve coordination of the mental health services with the systems of general public health, social security and education, with the judicial system, and with voluntary and other agencies. In particular, in the field of child and adolescent mental health, to concentrate on problems specific to these age-groups and to assist in preventive measures, including health education.

Earlier working groups convened by WHO have reported on the mental health of young people, student health services, drug abuse, deviant social behaviour and delinquency, and suicide and attempted suicide, as well as on health education and community mental health services (*3–9*).

At both the national and the international level, it is being increasingly recognized that attention must be paid to the possibilities inherent in prevention, and to seek ways in which the preventive approach may permeate and inform all aspects of health, education and social services (*10, 11, 12, 13*). This is particularly true when considering psychosocial disorders such as mental disturbance, drug and alcohol abuse, deviancy, attempted suicide and other patterns of adolescent maladjustment, sexually transmitted diseases and road accidents.

Under the general heading "The crucial years", a recent number of *World Health* (*14*) considered various facets of adolescent life. It pointed out that "adolescents, who in many parts of the world constitute a majority of the population today, represent the adults of tomorrow."

A recent report by a WHO Expert Committee (*15*), entitled "Child mental health and psychosocial development", looked at the need for action and called for research to devise new and better approaches to prevention and treatment, commenting that most of the effective interventions in child mental health care are based on human interactions.

3. PREVIOUS INITIATIVES BY THE WHO REGIONAL OFFICE FOR EUROPE

3.1 Patterns of youth advisory services – Report on a Study (*1*)

This document reports on a study based on visits to 11 European countries in 1974 with the aim of analysing the early development of services from the standpoints of institution, function and method of approach, and of determining the philosophy, structure and organization of mental health services for youth as they relate to the development of youth advisory services.

The report notes particularly that these services are still in the early stages of development, have been documented to a limited extent only and have only undergone preliminary evaluation. It states that it is important to attempt a working definition and some form of classification.

The report provides the following definition of a youth advisory service: "A service of a permanent or semi-permanent nature focused on adolescents and young people to provide advice and assistance. In some ways, such services commonly make use of professional personnel (perhaps only on a consultant basis) and are aimed at finding solutions within the community either through traditional service structures, through alternatives to classical institutions, or through specialized settings. They are characterized by their informal organizational basis and by attempts to facilitate access and availability and may offer a variety of services, e.g., advice, counselling, referral, education. Contacts may be anonymous and informal.

For the purposes of this study, long-term residential settings, communes and classical psychiatric hospital-based facilities and ambulatory services for youth are not included."

The document also provides a classification scheme for youth advisory services, which is summarized below:

(a) those providing information and documentation;

(b) those providing information and advisory services;

(c) services to provide practical assistance, e.g., with regard to accommodation, work and leisure activities;

(d) psychosocial counselling advisory services, with highly trained psychiatric/medical personnel;

(e) medical services with provision of guidance and information on specialized problems: venereal disease, contraception, abortion, drug and alcohol abuse;

(f) hospital services that have had to develop consultancy services, especially for drug and alcohol abuse;

(g) statutory advisory services arising from social services, education and health;

(h) specialized voluntary services and emergency services for suicide prevention and for particular problems, e.g., drugs;

(i) street corner or out-reach services.

3.2 Youth advisory services – Report on a Working Group (*2*)

Youth advisory services were explored in more detail by a Working Group which met in Lübeck in 1975. The report of the Group attempted to combine a descriptive account of the meeting with a theoretical exposition of some of the broader issues that have contributed to the conceptual framework underlying the processes of services.

Problems presented by users of advisory services were listed as follows:

(1) practical matters: accommodation, unemployment, social benefits;

(2) information requests: sociocultural events, travel, education, work;

(3) legal problems concerning legal rights and relationship with police, courts and institutions;

(4) relationship difficulties with family, peers, the opposite sex and adults, including problems of young parents and their children;

(5) school- and work-related difficulties: seeking advice on education, further education and career decisions; also failure at school or work, poor concentration;

(6) medical and psychosomatic problems, including difficulties with eating, sleeping and a variety of physical ailments;

(7) drug and alcohol dependence: crisis, intoxication and physical and social distress;

(8) psychosexual problems: contraception, pregnancy termination, pregnancy, venereal diseases and functional sexual difficulties;

(9) psychosocial problems: anxiety, loneliness, lack of confidence, depression, suicidal feelings;

(10) social difficulties of both personal and community concern, alienation, delinquency, deviancy and aggressive feelings.

The report reviewed the aims, activities, organization and staffing of youth advisory services and concluded:

"Youth advisory services are seen as innovative patterns for delivering services which attempt to meet new needs and explore new methods in meeting the general needs of youth as well as to provide community action in areas of social turbulence ...

They have shown the possibilities of a new response system that is able to take notice of the context in which needs arise, and the manner in which they are made visible; and to respond to the implications for planning and service delivery ...

They have emphasized the need for a common conceptual framework in which local facilities for youth (leisure, education, social services, health, judicial) may take a unified approach to the planning and development of coordinated services. This will require the development of strategies to facilitate collaboration and shared training schemes.

They aim to explore and endorse the value of preventive health services, including new strategies in health education, and to contribute, through the feedback of information, to the development of services for youth that spring from a consideration of young people's needs and of the way in which the young view their own problems ..."

4. ISSUES OF CURRENT CONCERN

4.1 General issues

Social policy is subjected to continuing change and reappraisal because of fast-changing social, cultural and economic patterns and the emergence of new needs and new perceptions of the ways in which they may be met. Governments need to be aware of change and develop methods of responding.

For young people, in particular, the rapid rate of change and the general stress resulting from life in an urban technological world, increasing competition in school and university, poor employment possibilities, the loosening of family ties and increased sexual freedom are among the factors which have contributed to their continuing dilemma.

The ills of society require action through a wide range of initiatives, including the continuing development of methods to support the family and to increase educational, occupational and recreational possibilities for young people.

The debate continues about the role and function of social care, since it is considered that many problems arise from the fact that social structures and situations show deficiencies and defects. In these cases, helping the individual can only be successful if society-changing actions are considered as well.

Increasing attention is being given to prevention, to the earlier detection and treatment of disease, and to the promotion of health, both physical and mental. Prevention can be seen as a means of dealing with problems arising from change and, with treatment, as part of a continuous process. It can also be seen as the promotion of adaptive behaviour and more adequate reactions to life and the development of healthy life styles.

There is now a shift of emphasis in the treatment of disease from management in institutions towards care in the community. It is therefore important for the community to become more responsive and for services to grow out of the resources and interests of the local community.

Increasing emphasis is also being placed on self-realization; people's desire to take part in actions on behalf of others has given rise to self-help groups and voluntary initiatives to develop social networks. This broadens the scope of community care for people experiencing stress, for whom primary care or specialist care is not appropriate.

Meanwhile professional treatment is leaning towards crisis intervention, short-term counselling and supportive therapy, group therapies, behavioural therapies and social interventions in the environment and the family.

The development of health, social and educational services continues, but there is concern that those sections of the community experiencing the greatest need do not gain access to these services or make use of them to the full. Attention is being paid to ways of improving the uptake of services by socially disadvantaged groups: the homeless young, ethnic minorities and those living in inner cities and in other areas of urban decay where there is a highly mobile population of adolescents and young adults.

The evaluation of health and other services is becoming increasingly important, particularly at times of change and economic recession, when decisions must be taken about priorities and the reallocation of resources. This may involve changes in the criteria for evaluating the impact of services. However, research methodologies relating to cost/benefit and cost/effectiveness studies and their application to fields of a psychosocial nature are still in the early stages of development.

4.2 Specific issues for youth services

The needs of young people are complex, as they pass through a transitional stage, detaching themselves from their parents and entering a complex world. For them it is a time of ambiguities, of extremes, of isolation and gregariousness, dependence, independence, self-doubt and self-confidence.

Their problems consequently require many different types of approach. Youth advisory services are able to demonstrate these needs. Their existence serves to underline the generally recognized fact that neither services and approaches for children nor those for adults are appropriate.

Self-referral is a most important feature. Young people value a service of the "open door" type, that appears to offer facilities which meet their needs. They set great store by informality, they do not wish to risk compromising themselves, and they seek to act without interference from adults and to be free to continue or end the contact.

Services have become more generalized, thus accommodating those who often do not wish to admit that they have a problem or who may be unable to formulate their distress in terms of a specific problem. Offering a special service, on the other hand, may result in limited use. However, the trend towards generalized services raises issues about referral within a centre and to other agencies and centres, and also concerning the arrangements for staff team work and specialization.

Information services are increasingly necessary in a complex society that offers so many possibilities and choices and an explosion of knowledge. Young people seek access to information so as to be able to make decisions without pressure from parents. Active transmission of information is necessary by means of leaflets, publications, radio and television programmes, etc. Consideration needs to be given to the form and content of the information, especially on controversial issues such as abortion, drugs, alcohol, sexual relationships and deviancy.

Counselling is a major part of the help given within youth advisory services. Its aim is to enable a person to identify problems more clearly, to propose alternative patterns of coping and to allow responsible choice to be exercised, thus contributing to the individual's personal development.

The existence of advisory services raises questions about the nature and needs of the people using them. It is likely that they attract people from more formal services, as well as those people who would not otherwise seek help or would not know where to go for help. Within these different groups there are likely to be people of differing levels of maturity, who vary in their ability to use help and who are at different stages in the development of their problems. Advertising, the nature of the premises, the staff, the location, local knowledge and the nature of other local resources are all factors that will affect the use made of a youth advisory centre.

Alternative services for youth have arisen in response to gaps in traditional services and so have led to a consideration of the nature of the interaction of differing systems of care. The need for collaboration and communication is important, so that each side may inform the other. Traditional services have in many instances become relatively more informal and flexible and appropriate for young people. This is important, since a continuing inflexibility within traditional services could result in young people turning instead

to the alternative services, so increasing the already serious problems facing the latter.

Offering an alternative service involves a dynamic process. What appears to be an alternative service today may not be so tomorrow, since on the one hand it may be absorbed by established structures or itself become established, and on the other hand it may be confronted with new alternative services. The problem, therefore, is for such services to be able to respond to change and maintain innovation.

5. NEW DEVELOPMENTS

5.1 The role of government

There is now considerable awareness of the value of youth advisory services and interest in their development. In some countries specific references to the desirability of such services have appeared in national policy statements, funds have been allocated, and studies and reviews of the literature have been commissioned. Various government reports have, in fact, made specific recommendations that the development of such centres should be encouraged. Government at both national and local level finds it difficult to respond rapidly to changing needs within communities and the non-statutory youth advisory services have been able to react quickly and have therefore initiated services. It is, however, extremely difficult for them to set up and continue these services if the climate of opinion at national and local government level is hostile.

Conflict may be damaging to the services and may lead to attempts to enforce a more bureaucratic approach to the delivery of services and the selection of staff employed in such services. Such conflict seems to have resulted more from external factors and public opinions than from any evaluation of the service given to clients. It may be that those youth advisory services which have change and a change in society structure as an objective social policy have greater difficulty in surviving in those places where government feels threatened by the implications. As the funding of youth advisory services is dependent on national and local government policy, the role of government and its relationship to youth advisory services is important and youth advisory services should seek to keep the appropriate authorities informed of the needs and how they are meeting them. Perhaps the financial situation of some youth advisory services has been so precarious that the staff have not had sufficient time or energy to keep society informed and to disseminate information which could educate and change. There are inherent problems in policy development, in acceptance of innovation and in funding and control.

5.2 Statutory and non-statutory services

Services provided for young people by statutory organizations vary greatly and most countries provide some form of service for young people through such organizations. How the service is presented and delivered is important and it is in countries where young people's needs are perceived as not being met by the traditional services that innovatory services have frequently developed. They can be complementary but often they can be in opposition. Questions are asked as to whose responsibility the young person is. Is it the young person himself who must take responsibility, is it the parent, the school or the state and what responsibility does the community have? Should there be routine screening of children at the age of 15 to detect any disorder, or should services be available in both statutory and non-statutory sections so that young people can ask for help or be referred by parents or schools if they are felt to be at risk. Local authorities in some countries are encouraged to give financial support to voluntary organizations. In some countries local administrative structures have been set up to promote strategic and operational planning by health and social services and by education and housing authorities, acting in collaboration with each other.

5.3 National coordinating organizations

In countries where youth advisory services have developed in the non-statutory field, the services have, on the whole, been uncoordinated. In some countries, such as Belgium, England and Wales, the Netherlands and France, national organizations are emerging to try to coordinate services.

Two patterns of national coordinating systems were discussed by the Working Group: one (as in England) acted as a platform of exchange and a national advocacy office, while another (as in Belgium) provided additional professional support to individual centres. All participants felt the need for some kind of national coordinating mechanisms.

The rapid and considerable development of counselling resulted in the setting up in England in 1970 of a Standing Conference for the Advancement of Counselling. It was primarily a federation of statutory and voluntary organizations serving as a forum for professional development. These bodies have produced publications such as "Concepts of counselling", "Ethical standards in counselling" and a "Directory of counselling and advisory services". The Standing Conference is to develop into the British Association of Counselling and will be working towards recognized standards of training.

In the United Kingdom the National Association of Young Person's Counselling and Advisory Services was set up in 1975 with the following aims:

(a) to promote and encourage the growth of young people's counselling and advisory services by means of support, training and publicity;

(b) to provide a forum for discussion and a clearing-house for the collection and documentation of information to those working in the field;

(c) to promote recognition of young people's counselling and advisory services by establishing a national image.

In the Flemish-speaking area of Belgium there is a National Service and Study Centre for Advisory Work with Young People. Its aims are to service all organizations giving information, advice and assistance and to set up scientific research. This is done by:

(a) stimulating the growth of youth information and advisory work;

(b) promoting communications between regional services and the national centre;

(c) representing the youth information and advisory centres at national level;

(d) helping centres formulate proposals to the authorities;

(e) improving the expertise of workers by means of training centres;

(f) improving the documentation and advice to regional centres;

(g) advising on the provision of information through the media, etc.;

(h) research;

(i) encouraging the exchange of experience at national and international levels.

5.4 International organization

An International Information and Documentation Centre for Innovatory Information and Counselling Services was set up in Ghent, Belgium, in 1972. It is a documentation service, publishing a newsletter, a bibliography and a directory of information and counselling centres for young people in western Europe.

6. REAPPRAISAL OF OBJECTIVES

Among the goals of social policy will be those of raising the level of physical and mental health in the community, reducing the numbers of people suffering from mental disorders, and detecting and controlling factors

detrimental to health and wellbeing. The concept of mental health represents something far more than the absence of mental ill health; it embraces ideas about man's needs and nature that go far beyond the compass of medical responsibility. It can be seen as man's adjustment to himself, to others and to the world with the maximum degree of happiness and effectiveness. The aim is not merely to provide freedom from stress, but rather to enable each individual to cope with the events of life, to resolve problems and to adjust to his abilities and disabilities in such a way that he can develop to his full potential.

The objectives of youth advisory services have to be seen within the broad context of these goals. The services are asked to deal with a wide range of social, psychosocial, psychosomatic, educational, work-related and personal problems. Since the situation is constantly changing, ways of achieving these objectives are also open to change. The services have to provide a gateway to care, assistance in times of crisis, and help on very specific problems, if necessary on a continuing basis.

Youth advisory services have been set up for a number of different needs and using a variety of different methods. Many such services have not been specific about their goals and objectives and this has made evaluation difficult. The Working Group was in general agreement about the broadly based objectives which youth advisory services should have, although it recognized that each service needs to define its own specific objectives. As need or demand changes these objectives need to be redefined. Both the implicit and the explicit objectives should be defined and made known, as these can affect organization and administration. It is important that a service should, as far as possible, define a target population it aims to reach. It will have to decide whether it can provide a multiplicity of activities within one agency or whether that agency should be only one part of a network of agencies in the community providing a service. The activities with which youth advisory services are involved are numerous and the skills and techniques necessary to carry out these activities must be appropriate. It is necessary to ensure that training and support for those carrying out these activities are built into the agency's structure or made available to it.

Youth advisory services have functions in relationship to the individual and to society. The objectives remain as defined by the Working Group which met in Lübeck in 1975, and are as follows:

(1) to offer help and assistance which is both immediate and easily available; this may include information, advice, counselling, medical care, psychiatric help and practical and welfare help;

(2) to provide short-term intervention which can be seen as crisis intervention, or problem-solving, or a search for different solutions to current problems;

(3) to offer friendly relationships with adults or young people so as to help those in special need to see their problems and, if necessary, to seek help;

(4) to offer a referral service to special facilities where necessary and to help young people to use them more effectively;

(5) to offer alternative creative opportunities to those unable or unwilling to use those that exist, such as theatre workshops, free schools;

(6) to stimulate the community to widen the opportunities for the participation of youth in the life of the community;

(7) to direct young people to undertake more social action for themselves in the recognition that their problems are a reaction to social problems that must be solved;

(8) to interpret the needs of youth to traditional institutions and to promote among the adult staff members of these institutions a greater responsiveness to the changing nature of social problems and personal needs;

(9) to analyse, evaluate and present the situation to other professionals, especially local and central government administrators, and other relevant decision-making bodies;

(10) to provide information and suggest health education initiatives for the public, professions, parents and young people;

(11) to complement and supplement other agencies concerned with youth, and its problems.

7. INTERVENTION AND TREATMENT

Youth advisory services use a wide variety of methods in both intervention and treatment. These methods should always have regard to the aims and objectives of the service and the needs and demands of young people. The effectiveness of these methods depends on the skills and training of the workers and their ability to interpret the goals of the service and their clients' needs. Although some services make some attempt to define the target population, a number have an open-door policy and have not attempted to

make known what help is available; therefore they may be forced to deal with a wide spectrum of needs to which they have to respond with different methods. Some services provide advice and information and have been experimenting with various methods: personal contact, use of written information, radio and television, visits to schools and factories, etc. Street work continues to develop, in an attempt to reach those young people who find it difficult to ask for help. In the majority of cases, however, the young person himself applies to the service for advice and help or is referred to it.

It is recognized that young people presenting to an advisory service may require very different levels of approach, assessment and professional help, depending on their level of maturity and their problems. They may turn to the service:

(a) at an early stage of distress and experimentation in response to personal problems (need for information and guidance);

(b) at an intermediate stage, having made inappropriate or inadequate attempts at problem-solving (need for counselling);

(c) in a fixed condition in which self-defeating patterns preclude change or healthy adaptation (need for specialist services).

The following services may be provided:

(a) information about cultural, recreational, political activities;

(b) advice on accommodation, employment and legal matters;

(c) counselling on educational, employment and personal matters;

(d) specialized counselling on psychosocial and psychosexual matters;

(e) medical services, including those for contraception, family planning, abortion, drug and alcohol abuse.

7.1 Crisis intervention

Much of the supportive activity within innovatory services is based on crisis theory. This emphasizes the importance of situations of emotional crisis that may arise during the normal development of the individual and in unexpected and stressful life events.

The concept of stress is not new and has been understood as a situation in which various psychological defence mechanisms are used to cope with the emergency, whatever it may be. An individual's coping mechanisms may vary according to internal factors, genetic constitutional personality, etc., and to external environmental and sociocultural factors.

Crisis occurs when a person faces a situation that appears insurmountable and finds existing methods of problem-solving insufficient, inadequate or inappropriate. A period of distress and disorganization ensues, during which many abortive attempts at a solution may be attempted. Eventually some kind of adaptation is achieved which may or may not be in the best interests of the individual and his family or fellows. Disordered relationships may follow, and may be a cause of considerable concern to the family and to others.

Thus, the concept of crisis and its resolution not only emphasizes coping or adaptation mechanisms, but is concerned with the reorganization and adjustment that may take place, leading either to an enhanced potential and an improved ability to cope with crisis situations in the future, or to a diminished capacity, disturbed relationships and the liability to break down under further stress, with failure following failure.

It has been found that during a crisis situation there is an enhanced susceptibility to therapeutic intervention, and that the immediate presence and effectiveness of such assistance may well determine the outcome of the crisis and the subsequent level of adaptation of the individual.

In crisis intervention the main concern is to minimize distress, enhance social competence, increase coping skills and seek improved ways of problem-solving. The overall aim is to foster aspects of healthy functioning; this may involve counselling and befriending, providing information and advice. However, crisis intervention will also be concerned with the early detection and referral for general or specialized treatment of various disorders and will seek, where appropriate and possible, a solution in the community rather than in an institution, unless treatment in the latter is clearly preferable.

7.2 Counselling

It is difficult, but important, to define counselling. It may be described as an interaction between two or more people to aid a person to understand and change patterns of behaviour which distress him or others, disturb his relationships or affect his social functioning.

Discussion continues about the basis of interaction between the young person and the helper. Attempts have been made to explore the implications of giving information, advice and guidance which is requested and necessary. Counselling is seen as something more than imparting information, it is the giving of information in the context of an individual's situation and in such a way that it can be used to resolve current problems. The following are the main features of counselling.

(a) It takes place in any professional relationship and is part of the main function of that professional worker, be he teacher, priest, nurse, doctor or lawyer.

(b) It takes place within the framework of educational and vocational guidance.

(c) It takes place in special services that have been created to help people with particular problems at crisis points in their lives, e.g., marital guidance services.

(d) It takes place in special services for specific groups such as youth advisory services.

(e) It may consist of individual counselling of both short-term and long-term duration, group counselling where the peer influence is important, or co-counselling.

There are different focal areas of counselling and therapy and hence there is a variation in the relationships, training, disciplines and services that may be involved. Thus guidance, counselling, psychotherapy and psychoanalysis form a spectrum of personal interactional treatment methods, with the focus on differing aspects of personal problems. Counselling involves focusing attention on conscious areas of immediate conflict and includes advice, exploration and clarification to give a better understanding of the problem, and interpretation as to why the problem has arisen. It also involves listening and developing empathy and awareness, and allows encouragement and reinforcement to be given. It enables young persons to identify problems, consider alternative solutions and then attempt to arrive at their own decisions.

7.3 Other therapies

Family therapy is of importance where there is still a family and where that family is able to work with the therapist and the young person who has sought help. Some young people, for example drug abusers, have often moved so far away from their own families, both geographically and emotionally, that the therapy may consist of building up a new family structure to which the young person can relate. Some workers feel that the problems of young people stem from early childhood and use methods based on psychoanalytical techniques; others find behavioural therapy and social skills training of value. The therapeutic community has also much to offer, not only in a residential setting but in the community on a "drop-in" or a more formal basis.

Youth advisory services are thus particularly looking at ways of helping within the community setting, so that young people can remain within the family and society where their problems can be faced more realistically than in large isolated institutions. This can mean fewer admissions to mental hospitals, but it also means that those who have always practised their skills

in a hospital or institutional setting have to learn new skills and new methods. There appears to be a trend in this direction in many European countries.

It is felt by some that perhaps the greatest impact can be made by youth advisory services which seek to change society, i.e., instead of helping young persons to adapt to existing conditions, some of the present aspects of society itself need to be changed. These two concepts are not necessarily in conflict and much depends on the worker and the client seeking possible solutions together. Moreover, the element of risk which is inevitable when innovatory methods of intervention and treatment are used needs to be recognized both by those using these methods and by those responsible for planning services.

8. PREVENTION

An understanding of human behaviour and life-style disorders involves consideration of mental health concepts and developmental factors. Preventive activities focus on reducing the likelihood of disturbance and illness, promoting positive life experiences and strengthening an individual's capacity to cope with life events.

Among young people there are at any one time a number who are suffering from a range of somatic or psychic disturbances, dysfunctions or diseases that constitute both crisis and psychic stress and also a risk to their future wellbeing. Many of these states lack a classic form, so diagnosis is difficult and help may not be forthcoming. Some of these people find their way into the extended health care system; however, pathways to treatment are diverse: some seek treatment, many do not. Little is known about those who are ill and do not appear for help. It has been found that youth advisory services appeal to those in crisis to whom other forms of health and social services seem too remote, authoritarian and inappropriate. Conversely, those with minor disturbances may be making use of specialized care which is not appropriate.

Increasing experience of community care and crisis intervention has made it important to provide an easily accessible form of care which will give help to groups particularly at risk in the community. Often young persons unable to obtain help act out their distress in behavioural terms that bring them to the notice of society, which as a result may label their behaviour delinquent.

Many youth advisory services offer a more general counselling service which can be seen as primary prevention and early detection, rather than secondary prevention directed towards an established disorder such as drug abuse.

It is difficult to assess the extent to which youth advisory services are successful in primary prevention. It appears that by providing services where young people can receive information, advice or counselling many problems can be averted. There could be much less homelessness amongst young people if youth advisory services were available at a time of crisis at home; there could be fewer unwanted pregnancies if advice on contraception and sexual matters generally were made more easily available. Youth advisory services are providing opportunities for young people to grow, develop and explore their potential and are also in a strong position to detect early signs of distress.

Youth advisory services have taken on an increasingly educative role and are involved with teachers, employers, health educators and the community at large; their role in primary prevention is clear. They are now reaching a wider audience and can help them to understand the role of young people and perhaps prevent damaging patterns of behaviour arising. Education about young people needs to start at an early stage so that parents, teachers, employers may know what behaviour and attitudes to expect in adolescents.

The role of youth advisory services in primary prevention is of great importance, for until society as a whole can understand young people's needs to oppose, rebel or be independent, it is going to find it difficult to plan and enact measures to help such persons develop properly into adulthood.

Effective health education can encourage young people to develop a sense of responsibility for their own health and for that of the community and to participate in community life in a constructive and purposeful way. It can enable them to recognize and meet stress situations and develop healthy mechanisms for coping with adversities in life. It is important to present information that is balanced and so help individuals to make an informed personal decision with regard to their own behaviour and health and to seek early advice. Mental health education should be directed not only to the general public but to special groups such as pregnant women, parents of young children, schoolchildren, adolescents and the elderly; to professional workers in medicine, nursing, teaching and social work; to administrators, planners and voluntary workers; and to the media and professional communicators.

In particular, there is an increasing use of the media for providing information, advertising of services and in offering "lifeline" phone-in services on the air and private phone-in services off the air. Personal columns in newspapers and magazines have frequently provided a guide to the concerns of young people.

9. EVALUATION

The mention of the word "evaluation" very often frightens those who are providing services, particularly those providing innovatory services.

Nevertheless, it is important for workers and planners to know whether services are effective. It is difficult to go on working in a setting without some kind of feedback. It is also difficult to convince planners and providers of services to set up more services or continuing funding if there is no evaluation. Planners think in terms of cost/effectiveness and this is important, but many other aspects need to be taken into account. It may be that help given to young people will eventually save money by preventing the breakdown of marriages, helping to develop better child-rearing methods and preventing admission to hospital or prison. It is therefore necessary to look at cost/effectiveness in relationship to future as well as to current services.

There is, however, understandable concern regarding the possible outcome of evaluation. If there are no quantifiable results will funding continue? Is evaluation a political instrument which can be used to close down services which are felt to constitute a threat? Many issues have to be resolved and there needs to be more readiness to evaluate on the part of government planners and workers at national and local levels. Much more thought has to be given to methodology which will take account of the dynamic organizational processes and the risk-taking elements which are necessary in providing innovatory services. As in the youth advisory services themselves, the aims and objectives of evaluation need to be carefully defined and made known so that cooperation at all levels can be obtained.

Research on this subject is taking place in a number of countries, e.g., Belgium, the Federal Republic of Germany, Poland and the United Kingdom, and all countries are aware of the need for some assessment. For example, in Belgium a rating scale on the effectiveness of counselling activity has been developed and applied in several counselling centres. The action researcher can help workers in youth advisory services to define aims and set objectives. Many youth advisory services are unclear about their goals and because of the nature of their clients may themselves be disorganized and chaotic. Action research can help to clarify the areas and levels of conflict.

10. GUIDELINES FOR DEVELOPING SERVICES

10.1 General considerations

Innovative services that have developed and survived have often been dependent on persons with charismatic personalities who have initiated action with flair and crusading zeal. Often charismatic authority has been incompatible with routine administration and an increase in size of the organization has resulted in a change of style of leadership or even of the leader. An increase in size will take the workers further away from decision-making.

Early enthusiasms may diminish as structural stability grows and lead to workers becoming withdrawn. In fact services differ so widely and have developed from various points of departure in traditional services, voluntary organizations and self-help initiatives that no rigid guidelines would be possible or practical. However, discussion has continued about various important components of innovatory services, giving rise to an enumeration of important issues that have to be discussed and decided upon in the light of local needs, funding, organization, staffing and management.

10.2 Organization and administration

The organization and administration of youth advisory services depend to some extent on whether they are part of the statutory or the non-statutory services. Nowhere does there appear to be a fully comprehensive service available for young people and most services are piecemeal and not very well coordinated. There are problems in deciding how youth advisory services should be organized. Should they be part of comprehensive mental health programmes, or does this suggest too much a medical-based service which may fail to take in the wider sociological factors? Should they be part of school and university counselling services, or does this give too much of an educational bias? Should they be organized as part of recreational and leisure activities?

All these services have a part to play, but the organization and administration of youth advisory services need to cross many boundaries and there does not appear to be an explicit youth policy in any one country; this means that there is no one policy for youth advisory services. It may be that it is necessary to guard against too rigid a policy for youth advisory services as this can hamper innovation, but there seems to be some justification for attempting to organize youth advisory services on a more rational basis than at present. It would seem that those concerned with health, social services, education, employment, housing and leisure activities in particular need to be thinking out their policies regarding young people and services to suit their needs and to be developing a coordinated approach.

10.3 Coordination

There is much talk about coordination and collaboration between agencies and services. The necessary machinery for such coordination and collaboration often exists and may even have been meticulously planned. Why is it, then, that there appear to be real problems of cooperation with regard to services for young people or for other groups? To be effective, coordination must depend on the workers in the agencies, who for many reasons often raise barriers to effective collaboration. People have to learn to trust each other and to gain a mutual understanding of each other's functions;

they also have to be able to share ideas about joint action. In the process of cooperation there needs to be a strong element of personal involvement and commitment, but each person also has a commitment to his or her own individual organization and these different commitments may produce conflict. Each agency and each person within that agency needs to come to terms with the difficulties inherent in cooperation and collaboration before a start at a coordinated approach can be made.

Youth advisory services are perhaps in a privileged position in this respect, since many of the services are new and have not developed established traditions and therefore communication may be easier. They do, however, have a problem of cooperating with services which are organized on a traditional and perhaps more hierarchical basis and unless there is a mutual understanding of different organizational concepts it will be difficult to achieve any real cooperation. More study needs to be given to this problem at local, national and international levels so that the planning of coordinated services can actually take place.

10.4 Staffing, training and support

Youth advisory services employ a wide variety of professionals and non-professionals and many services also use volunteers. It would seem that it is not necessarily the profession or the type of professional training that is important, but the attitudes of those working in the services. Many professionals have left statutory services to work in youth advisory services and others have returned to statutory services from youth advisory services. Perhaps there should be more exchange between the different services. On the whole, workers in the youth advisory services have tried to move away from the established hierarchical structures to a shared democracy. The multidisciplinary team concept is being used and is important, but it can create problems unless the team and the client have clear ideas about who is responsible for the client

Many youth advisory services have a mixture of paid professional staff and volunteers and great care needs to be given to the selection of both professionals and volunteers and their roles within the services. Much of the work is exacting and exhausting and there tends to be a high turnover. Perhaps staff can only work in innovatory services for short periods of time and much more thought needs to be given to this.

Workers may have to perform very different roles. They are in the front line of action to meet the needs of those who come only for advice or information, yet they may have to be able to assess whether there are deeper needs which a young person is as yet unable or unwilling to articulate. They may also have to take a decision as to whether they themselves can help or whether they should refer the client, and they have to be very much aware

of their own limitations. They may also have to be involved in long-term counselling, group work, organizing leisure activities, etc.

A youth advisory service needs to determine the specific tasks that workers have to perform and to decide how in-service training, support and consultation can be given, whatever basic skills or training a worker may have. The workers, for their part, need to have a knowledge of emotional growth and development of adolescents and the problems young people are likely to encounter. They also need to know themselves and to be able to develop their own potential.

Some agencies have their own in-service training and support for workers, while others use the in-service training provided by statutory and professional bodies. There is scope for further study of the training needs of workers in youth advisory services. Such study could be undertaken by national coordinating organizations or, internationally, by further working groups.

The staffing of youth advisory services has presented organizational problems. There are many variations on how services are to be staffed and each method has its problems. If only professional staff are employed, problems can arise between the different disciplines or regarding career structures, rates of pay and conditions of service, and the services may become indistinguishable from traditional services. If only volunteers are providing a service there is the question of organizing the volunteers, selecting and training them, etc. When, as is most usual, there is a mixture of the two roles, these have to be clearly defined.

10.5 Points for discussion

A checklist of points to be covered in discussion before setting up an innovatory service should cover the following points:

(1) the relationship of youth advisory services to total mental health planning, particularly the delineation of the role of the government and the various agencies in the local community;

(2) the relationship of youth advisory services to other services and collaboration with health and social services and education;

(3) the definition of objectives of the services and facilities needed;

(4) the organizational structure and administration of youth advisory services, particularly with regard to the multiservice philosophy of such services;

(5) premises, their location and their image; advertising;

(6) staff selection and training and support to accomplish the objectives of the services;

(7) monitoring, quality control and data collection;

(8) financing issues as related to policy;

(9) ways of maintaining innovation (problems of "bureaucracy" and "professionalism");

(10) short-term vs. long-term contact with clients, symptomatic vs. causal philosophies;

(11) the organization and role of self-help, social action and specific community action processes.

11. CONSTRAINTS

Youth advisory services are often functioning under considerable constraints. These can be considered under the following headings .

11.1 Demands and needs

The target population of youth advisory services could be the entire population of young people. It is not known how many young people in a given population are at risk or are likely to need help or advice. There is a tendency for youth advisory services to try to offer a service to all young people without restricting intake, or to offer a service to a highly selected group only.

Most youth advisory services are aware of their limitations and accept the need for back-up and follow-on services which they cannot provide but which no one else seems able or willing to provide. There is a need for a continuing dialogue between youth advisory services in communities and those responsible for planning and providing other services or activities, so that they can help or advise other services, either statutory or non-statutory, to set up services to fill the gap. There is also a need for a planned network of services in the community to meet the demands and requirements of young people.

Underlying constraints in meeting needs may be summarized as follows :

(a) the very complex nature of needs and demands,

(b) changing needs,

(c) the public's attitudes (denial that problems exist, fear of change, lack of understanding),

(d) the fear of stigmatization and labelling,

(e) the isolation and alienation of marginal groups,

(f) ethical and legal issues.

11.2 Services and activities to meet needs

As stated above, there has to be a comprehensive network of services in the community to provide the activities to meet needs. This network involves education, employment, housing, health and social services, penal and judiciary services and leisure and recreational services. All youth advisory services are aware that every community provides some of these services, but that they are not always adequate in quantity and very often are not acceptable to the young people themselves. Some of the issues have been discussed earlier and action needs to be taken by policy-makers and providers of services so that there is a concerted approach to meeting needs. Although youth advisory services should and often do try to inform and educate those responsible for setting up activities, they are limited in doing this by time, lack of funds and sometimes by lack of statistical and other information.

Underlying constraints in providing services include the following:

(a) complexity of interventions;

(b) lack of flexibility of approach in identifying problems and meeting changing demands;

(c) insufficiency of communication, cooperation, coordination and integration;

(d) lack of assessment, appraisal, evaluation and impact of services;

(e) lack of cost/effectiveness analysis;

(f) difficulties in multidisciplinary approach and in training and education of staff.

11.3 Administration and organization.

Youth advisory services have sprung up to meet demands, but objectives have not always been clearly defined so that the organization of the service has sometimes suffered from a lack of effective administration. It is felt by some that a youth advisory service should not be too well organized, otherwise it will become too rigid and unable to respond to change. This is true to

some extent, but on the other hand it can be difficult for workers to provide a service if there is no effective organizational framework. Thought needs to be given to the structure and size of the organization. An organization must remain reasonably small if it is to continue to be democratic and keep its lines of communication reasonably open, and needs to be aware of the problems involved in deciding whether to expand or not. Questions also have to be asked about whether an organization should remain small and independent or whether it should become part of a large organization. There are constraints in both cases. A large organization can provide more back-up and documentation, but it can also be so far removed from the community that the needs of young people and the workers are not met, whereas a small organization can become too inward-looking and unresponsive to change.

In the organization of services, therefore, other constraints exist:

(a) administrative rigidity,

(b) administrative categorization,

(c) difficulty of dialogue between administration and services, society and youth professionals and non-professionals,

(d) lack of harmony between different levels of administration.

Finance is perhaps the greatest constraint, and both statutory and non-statutory services have this problem. Although the statutory services may have readier access to finance there are competing priorities; thus, services for young people have to compete with services for the elderly, the under-fives, etc. The non-statutory services are even more at risk as there are few private benefactors or organizations to provide finance and they too are dependent on statutory sources, having to compete with services which authorities have a statutory duty to provide.

Young people's services are very much at risk because the clients themselves have very little voice in how public money is spent. Until young people can have some say in policy or until youth advisory services can speak authoritatively on their behalf, uncertainty is likely to continue, as the problem of young people and the services they require sparks off many irrational feelings among people who have to make decisions. Perhaps more carefully defined aims and objectives and more responsible evaluation will help to inform public opinion and so enable the necessary funds to be made available.

12. CONCLUSIONS

(1) Youth advisory services have continued to develop in all European countries; there has been an increase in their numbers and in the range of facilities available and they have now become accepted as a necessary part of a comprehensive network of services in the community.

(2) They have provided a service for groups of young people at times of stress and personal crisis and have demonstrated the need for a direct access, information and counselling service set up specifically for young people and young adults.

(3) They have shown the importance of social networks and facilities in education, leisure, recreation, work and housing and have evolved on a social model which necessitates collaboration with formal agencies and health and social services.

(4) Their work in the early detection and assessment of psychosocial factors contributing to mental vulnerability and in resolving the frequent adjustment problems of young people is regarded as a major endeavour in the field of primary prevention and early intervention.

(5) While there is agreement on the broad objectives of such services, each service needs to define precisely and reappraise specific objectives in order to respond to changing requirements.

(6) Services have in many instances arisen spontaneously, and while some may have been absorbed in other organizations or become formally established, there is a continuing need for them to provide a vital link with young people.

(7) Youth advisory services are having an impact on other services for young people. The building of bridges between traditional and innovatory patterns of services is important and an effective partnership needs to be worked out.

(8) Collaboration and the coordination of information and service at local, national and international levels are at different stages in development. These are subjects that require further consideration by youth advisory services themselves, and by planners and decision-makers at the local, national and international levels.

(9) Considerable constraints are experienced in carrying out objectives, especially with regard to complex demands and needs, and a wide range of

responses is required in the organization and management of innovation. In particular, financial constraints and uncertainties regarding funding can adversely affect development.

(10) The importance of evaluation and research has been recognized and can help services to clarify goals and objectives. It is necessary to take account of the originality of approach and the dynamic aspects of a given service when considering the research methodology to be adopted.

(11) Youth advisory services have been set up to meet differing and changing needs and the activities they develop to meet those needs vary widely. Consequently, they have to be flexible and to adapt to change. It does not therefore seem appropriate to lay down strict guidelines which might make for rigidity; instead, those involved in planning and providing services should be encouraged to assess and reassess the functions of youth advisory services and the demands made of them.

(12) Youth advisory services have a part to play in comprehensive mental health strategy. They offer self-help, counselling, crisis intervention, rehabilitative activities and experience in community action processes, making use of both professional and non-professional staff.

(13) Youth advisory services can help to create change in social policy by identifying issues of concern to young people and by bringing them to the attention of planners and politicians at the national and local levels. They can also provide society in general with information about young people.

13. RECOMMENDATIONS

(1) Youth advisory services have a major role to play in the network of community services. They should be able to work in collaboration with other services and to respond quickly to the changing needs and demands of youth.

(2) When youth advisory services become aware of needs and demands which they cannot meet and which are not being met by other services, they should bring this information to the attention of the appropriate decision-makers. In some situations they may be able to advise on the setting up of new services.

(3) To facilitate the growth, development and coordination of services for young people, it is desirable that governments should formulate explicit national youth policies in consultation with agencies in the field.

(4) Even in times of financial restraint, decision-makers would be well advised to make funds available for the development of new youth advisory services that meet contemporary needs.

(5) Although coordination of information and services at the local level is important, there is also a need for some form of national organization in each country which could:

(a) coordinate the collection, documentation and dissemination of information about young people, their needs, and the youth advisory services available to them;

(b) facilitate the exchange of experience in the field;

(c) provide advice to youth advisory services on professional standards;

(d) provide advice on the selection, training and support of staff for youth advisory services.

(6) At the international level, further consideration should be given to:

(a) the further exchange of experience by means of fellowships, studies and working groups;

(b) methods of evaluating youth advisory services, e.g. cost/effectiveness and cost/benefit analysis, and their impact on primary prevention in the mental health field;

(c) professional and in-service training for those working with adolescents and in youth advisory services;

(d) the coordination of youth advisory services at the national and international levels.

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Annex

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* A limited number of copies of these reports are available to interested persons, on request, from the Regional Office for Europe, World Health Organization, Scherfigsvej 8, 2100 Copenhagen Ø, Denmark.